

## CONSTITUENT ASSISTANCE FORM

*(Please be sure to fill out this form in its entirety print it and send it to the district office via mail or fax)  
Fax (408)277-1036 or 100 Paseo Del San Antonio, Suite 300, San Jose, CA 95113*

**Name\***

**Address\***

**City\***

**Zip Code\***

**Phone**

**Fax**

**Email\***

*\*Required information*

**Are you filling out this form for someone else?    Yes    No**

**Have you contacted any other government or legislative office regarding this matter?        Yes    No**

**Please select the area in which you are requesting assistance. Please include any pertinent information to your case include file numbers and other identification numbers.**

**Department of Motor Vehicles (DMV)**

**Employment Development Department (EDD)**

**Franchise Tax Board (FTB)**

**HMO/Health Organizations**

**Department of Child Support Services**

**Other State agency or Department -----**

**Local Issue (*trash services, food stamps, parking tickets, etc.*) -----**

**Federal Issue (*immigration, social security, IRS, etc.*) -----**

**Brief explanation of the problem:**

***In accordance with the Privacy Act, I hereby authorize the 23<sup>rd</sup> Assembly District Office to make inquiries on my behalf and facilitate the transfer of information to and from the federal, state, and local agencies processing this request for assistance.***

**Signature** \_\_\_\_\_